2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # 759692 1. Entity Name DANIANS SOUTH MANAGEMENT FOUR, INC. 01-26-2000 90021 039 ****75.00 Principal Place of Business Mailing Address 505 EAST DANIA BEACH BLVD BANIA FL 33004 505 EAST DANIA BEACH BLVD B BLD 6#4-Apt 3A DANIA FL 33004-3000 2. Principal Place of Business 3. Mailing Address Sgite, Apt. #, eto# DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2136084 Not Assista BROWARD \$8.75 Additional X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Stephen J. Straley, P.A. Street Address (P.O. Box Number is Not Acceptable) MATTEL HARVEY 3990 Sheridan Street, Suite 109 524 S ANOREWS AVE SUITE 101 FT LAUDERDALE FL City Hollywood 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. Steplen J Straley SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. BROWN, IRENE W. Delete TITLE 505 E DANIA BEACH BLEN (APT 3A) STERANKO, JOHN NAME NAME STREET ADDRESS 505 E DANIA BEACH BLVD, BLDG: \$4, APT. 2-1 STREET ADDRESS DANIA BEACH, FLA ZIP 33004 CITY-ST-ZIP CITY-ST-ZIP DANIA FL DANIA BEACH FLO BRAdy Myken Delete TITLE TITLE SD SD 505 EAST DANIA BEACH (Apt.4E) DANIA BEACH FLA ZID 33004 NAME BRADY, MYKEN NAME STREET ADDRESS 505 DANIA BCH BLVD., APT 4E STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DANIA EL 33004 DANIA BEAC 3054 BROWN IRENEWS DEA BLUE #43: TITLE Delete TITLE NAME BROWN, IRENE W. NAME 505 EAST DANIA BEACH BLYD #4"
DANIA-FL DANIA (BEIGCH ZIP) STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER